

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MSD</i>		<i>03-25-01</i>
O.I.P.E. CLASSIFIER	<i>NY</i>		<i>4-19-01</i>
FORMALITY REVIEW	<i>S.H.</i>	<i>1085</i>	<i>5/02/01</i>
RESPONSE FORMALITY REVIEW	<i>WAT</i>	<i>571</i>	<i>05/30/01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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